

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10706877	FILING DATE
APPLICANT(S)		

**APPLICANT(S)**

**FILING DATE**

12919103

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3					2	
4					2	
5					2	
6					2	
7					1	
8					1	
9					2	
10					1	
11					1	
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.		14				
TOTAL		116				

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
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68					
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96					
97					
98					
99					
100					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					